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ABSTRACT

This manual is designed to help staffs of child development programs establish a social services record keeping system. It provides replicas of actual forms used in the record keeping system (with an outline explanation of the purpose and use of each form) and includes a guide for analyzing community resources and organizing a resource file. A discussion of the rationale and philosophy for keeping records is included. (Author/DP)

A GUIDE TO RECORD KEEPING

A SYSTEM FOR CHILD DEVELOPMENT PROGRAMS

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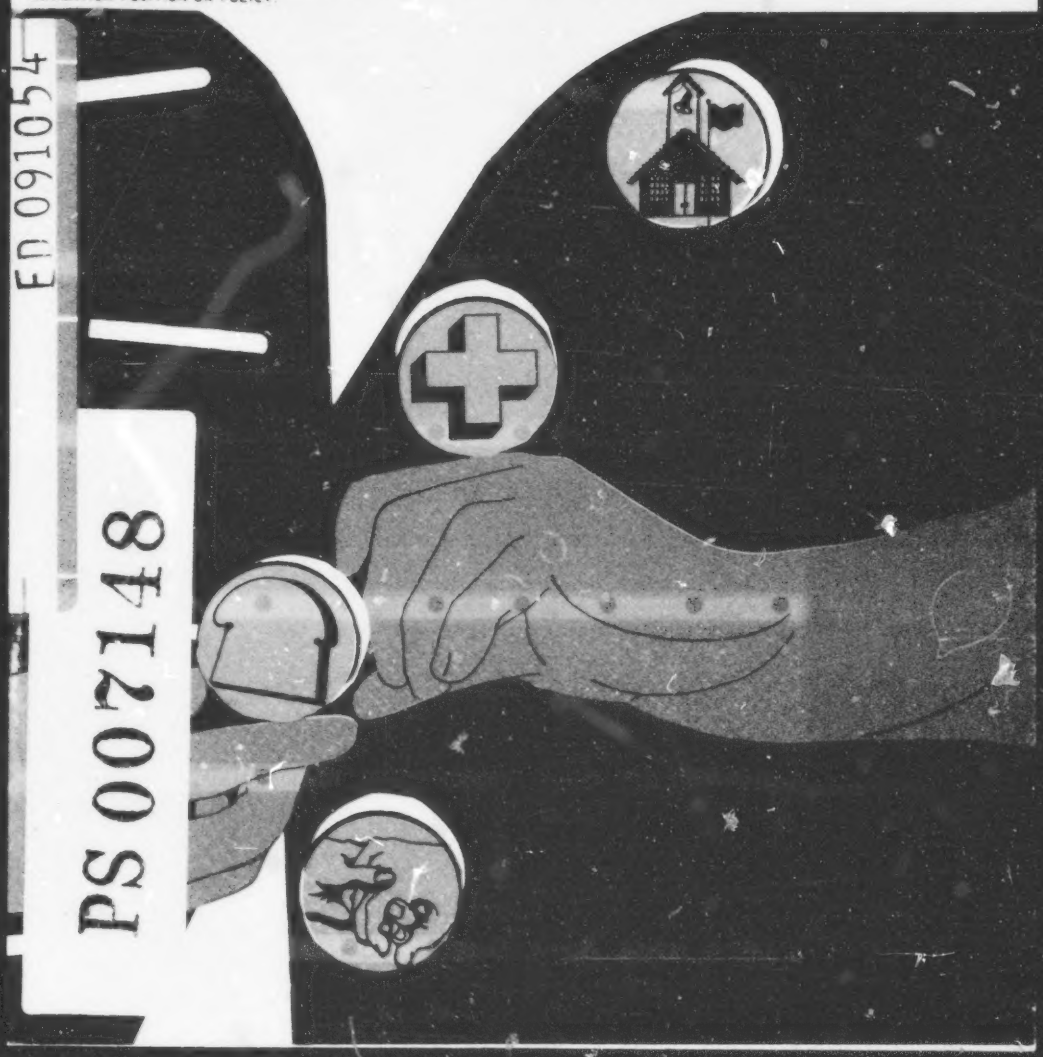

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A GUIDE TO RECORD KEEPING

A System for Child Development Programs

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PREFACE

The authors wish to express their gratitude to the countless number of Head Start staff and parents with whom they have worked. It is hoped that this manual will facilitate their desire to be helpful to children and families.

Special thanks goes to Harris Chaiklin whose concept of "Levels of Service" made us enthusiastic about record keeping.

We also appreciate the cooperation and support of the specialists of Region IV, OHD-CD, without whose help our efforts would have been in vain.

The authors alone accept the responsibility for the content of the manual and its form of presentation.

ABOUT THIS MANUAL

This manual has been prepared for use by Child Development Programs to assist them in establishing a Social Services Record Keeping System. The manual provides a discussion of the rationale and philosophy for keeping records that maximize the opportunities to serve families of the Child Development Programs. It provides replicas of the suggested components of a record keeping system with an outline explanation of each component, and it provides a guide for analyzing community resources and organizing a resource file.

This manual serves as a basic introduction and orientation to a Social Services Record Keeping System designed for a Child Development Program. There will be a need for a program desiring to use this system to meet with a resource person and to participate in a training program. However, once the system has been learned, its implementation will be a simple, smooth process.

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INTRODUCTION

Why all this concern about record keeping? Child development programs have a lot of very important responsibilities for the social services component. Some of the things they try to do are —

provide meaningful education for the children;

provide social services to children and families;

provide comprehensive health care to children;

provide for involvement of parents in the program;

provide appropriate training for the center staff.

With such a comprehensive program, a record-keeping system is a necessity at **best** because it allows a program to assess and improve the services it provides, and at the very **least** because it provides a way for a program to be accountable for the expenditure of funds. Your social services program may be doing a very good job, but unless you are able to document what you do, no one will know it.

Too often record-keeping becomes a burden. It is seen as time wasted filling out forms no one looks at, as papers to shuffle around that don't have much relevance to "what's really going on," or as a requirement from somebody a step above. Record keeping can be and should be a very positive part of what you do. Would you like to develop a record keeping system that does the things outlined in the questions below?

Would you like to know how to find out what kind of help a family or child needs?

yes ☐ no ☐

Would you like to know how to find out what resources exist in your community to meet those needs?

yes ☐ no ☐

Would you like to know how to develop a service plan for each family with whom you work?

yes ☐ no ☐

Would you like to know how to define the kind of help you give a family?

yes ☐ no ☐

Would you like to have a way or organizing what you do for a family?

yes ☐ no ☐

Would you like to know how you can assist a family to get the help they need?

yes ☐ no ☐

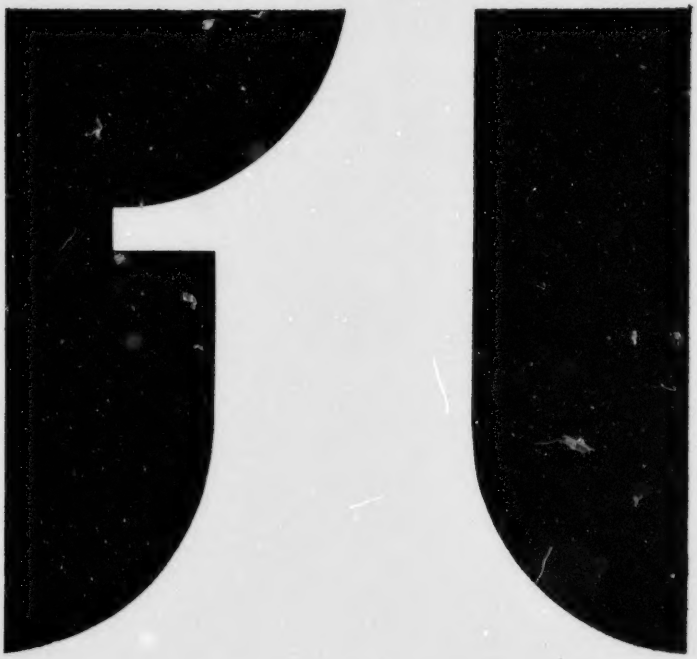
If you answered "yes" to most of the questions posed above, then we already know part of why this manual will be helpful to you: we have developed a record keeping system that is ACTION ORIENTED. That means that this system will help you follow a step by step process in providing services to families. The system should help you develop a step by step approach for helping families. It emphasizes recording information, determining the kind of follow-up required, and planning the steps needed to produce the desired outcomes.

Another question to ask yourself is:

Would you like to know how you can meet the performance standards for record keeping issued by the Office of Child Development as requirements for child development programs?

If your answer is "yes," our goals and objectives are very similar and this manual will probably be very useful to you.

CHAPTER I
SOCIAL SERVICES PERFORMANCE STANDARDS FOR RECORD KEEPING AND RESOURCE UTILIZATION



The Office of Human Development–Child Deveiopment (HEW) has established standards for program performance in Social Services. This manual focuses on those performance standards that define the requirements for record keeping and resource utilization in Child Development Programs. Let's look at those performance standards.

The first performance standard describes the task of providing for the identification of families and children in need of social services. This performance standard reads:

1. There must be an established system for the identification of families and children in need of social services, including program activities for meeting those needs, or appropriate referrals. This system must insure that:
    a. Head Start staffs are provided training in how to identify families and children in need of social services.
    b. Head Start staff must work closely with parents in order jointly to identify individual family needs and to plan ways to meet those needs.

The second performance standard describes the documentation required of a program. This performance standard reads:

2. There must be an established record keeping system, with adequate provisions for confidentiality, which includes the maintenance of up-to-date pertinent family data. The file on each family must include the following:
    a. Head Start application.
    b. Referral and follow-up documentation.
    c. Notation of contacts with other resource agencies.
    d. Notation of contacts with family, purpose of visit and by whom, and results of contact including action taken.

The third performance standard prescribes the services to be provided by a program. This performance standard reads:

3. There must be a plan established to provide the following services to individual families as needed, namely:
    a. Appropriate counseling.

b. Emergency assistance or crisis intervention when necessary.

c. Knowledge about available community services and how to use them.

d. Follow-up to assure delivery of needed assistance.

e. Volunteers identified to help provide services for families (such as babysitting, transportation). These volunteers must be trained and supervised as needed.

f. Advocate and spokesman for Head Start families when necessary.

The fourth performance standard describes the expected relationship between the program and community resources. This performance standard reads:

4. The program must work in close cooperation with existing community resources. This cooperation must include:

   a. Helping Head Start parent groups work with other neighborhood and community groups with similar concerns.

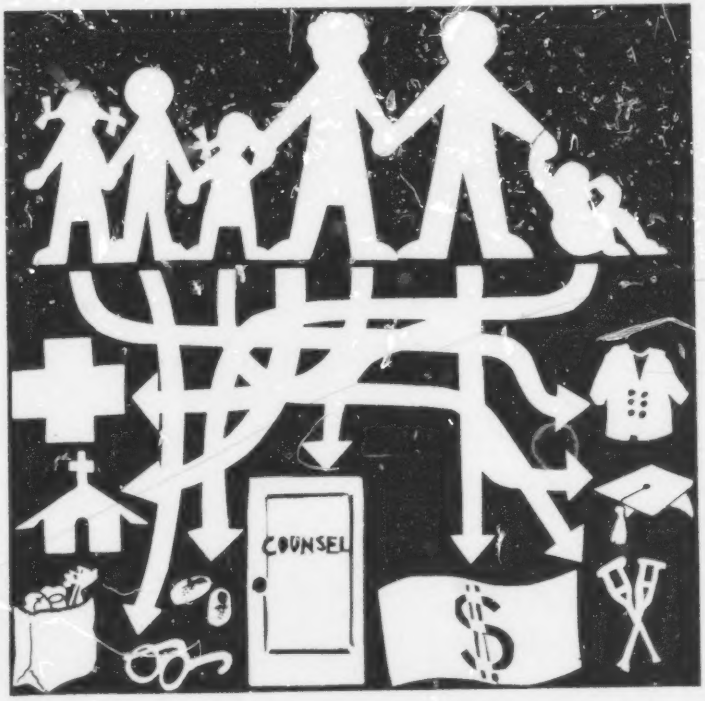
   b. Communicating to other community agencies the needs of Head Start families and ways of meeting the needs; helping to assure better coordination, cooperation and exchange of information; and seeking to correct inadequacies of other community services for Head Start families.

   c. Calling attention to new services as needed in the community and assisting in getting them started.

   d. Preparing and distributing a community resource file for Head Start families and staff.

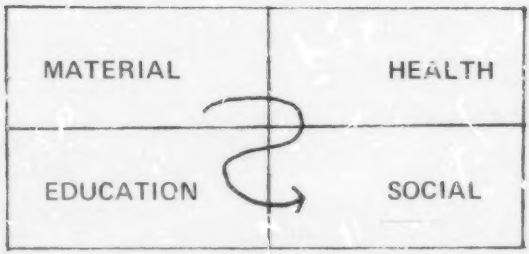
The first three performance standards are very closely related to the issue of record keeping, the fourth is related to the issue of resource utilization. In this chapter we will see how they are related. We will also focus on some of the ways in which these performance standards may be accomplished in a program, as we will look at various aspects of record keeping and resource utilization that will assist a child development program to be more effective.

Let's look first at what is involved in identifying the social service needs of children and their families. This is the essence of the first performance standard. A record keeping system should reflect the way of categorizing the potential areas of need of a child and his family. Once these areas have been determined, they can serve as a guide for the kinds of questions to ask a family in order to identify those who are in need of social services.



The potential areas of need of a child or family can be categorized in the following way:

PROBLEM CATEGORY MATRIX



Each of these categories can then be broken down into subtopics such as:

Material: housing, employment, legal, food needs, etc.

Health: physical, dental, mental, nutritional, etc.

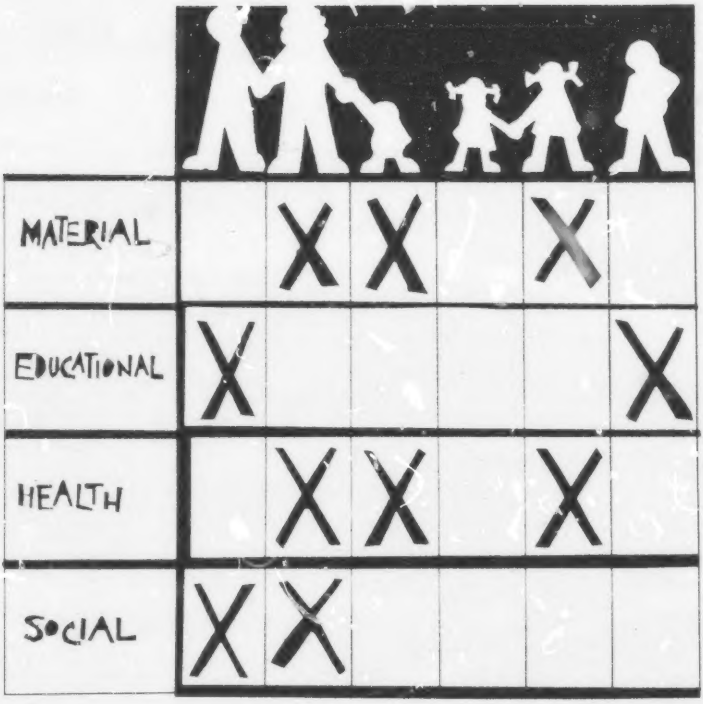
Education: adult training, illiteracy, school problems, etc.

Social: family relations, agency relations, community problems, etc.

What this chart or matrix does is to present the possible areas of need of a child or family beginning with concrete, visible or measurable problems such as a leaky roof or a gall bladder condition and moving toward the less easily defined, hard-to-measure problems such as educational needs or marital conflict.

The matrix is based upon the fundamental idea that it is often difficult for a family to concern itself with solving educational or social probelms if they have great material and health difficulties.

What we are saying is that one way you can identify families and children in need of social services is to determine a family's strengths and needs in each of the categories described above.



The second performance standard outlines some of the components that would comprise an acceptable record keeping system. We will discuss each of these components in detail in Chapter II. However, there are some things you should keep in mind regarding the development and use of a comprehensive record keeping system.

+ The forms should be simple and easy to use
+ The records should be used as **action-aids** as opposed to file-fillers
+ The system should be accessible to and understood by all staff having direct contact with the children and their families.

The third performance standard is concerned with the actual services your program should provide and it relates to the issue of record keeping in terms of how you can identify a service given at any point in time. Child development programs can organize their approach to providing services by using a special format. This format defines a system for categorizing services at four levels. The four levels of service we are talking about are:

Level I – providing information

Level II – assisting in referral

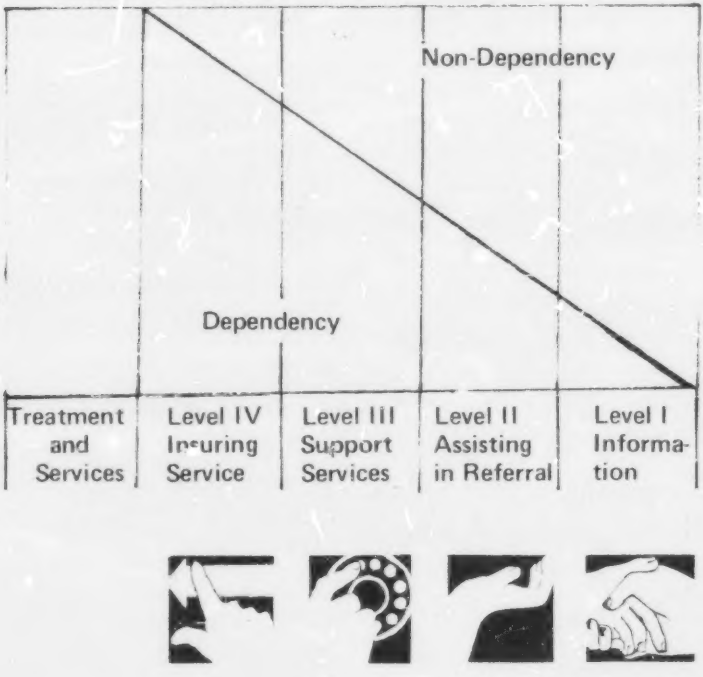
Level III – providing support services

Level IV – insuring that service is provided.

Your Child Development Program may be helpful to children and their families at any of these levels. In fact, we are often very helpful without giving ourselves due credit. Often all a family needs is the name and telephone number of a community resource. If we provide it, we have given help at Level I. If we call that community resource and make an appointment for a family, we have done a Level II service. If we write a formal referral and find a babysitter so the family can get to the service, we have given help at Level III. If we provide counseling or intervene in any way that helps our client eliminate questions or anxieties about using a service, we have done a Level IV service. The important thing to remember is that **all of these actions on our part are a form of help,** and we should view them as being helpful.

The matrix below is another way of considering the concept of the four levels of service. This matrix shows that the client is least dependent on the social service worker when a service is provided at Level I. The more involved the worker becomes in the situation (Level II, III, or IV), the more dependent the client becomes. **One of your goals should be to help the families get to the treatment or services they need.** The degree of non-dependency of a client on his worker is greatest at Level I and least at Level 4.

DEPENDENCY/NON-DEPENDENCY MATRIX *



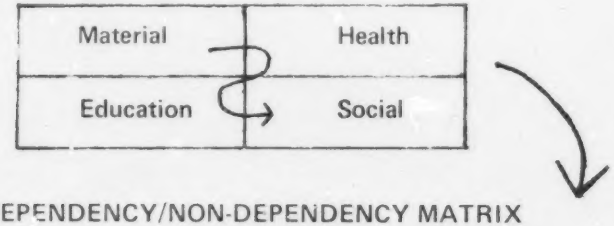
Stop for a moment and consider this matrix. Where have you been concentrating most of your time and efforts in working with people? One of your goals should

*developed by Gary B. Wilson/K.A. Hooper/Humanics Associates (1973)

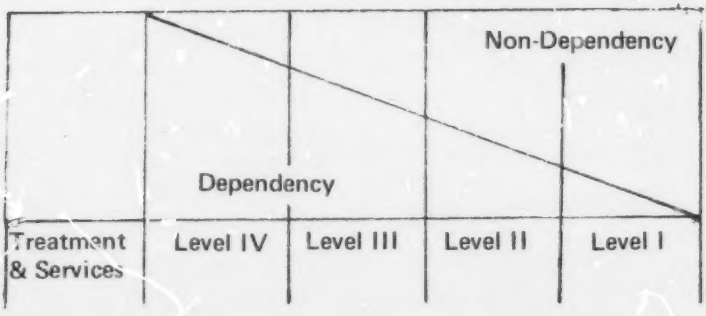
be to help families get to the treatment and services they need. *

How does this relate to the problem category matrix? Let's look at the two together:

PROBLEM CATEGORY MATRIX



DEPENDENCY/NON-DEPENDENCY MATRIX



First, you need a way to identify the problems within a family. The problem category matrix helps you do this. Then, you need to take some kind of action toward eliminating those problems. The Dependency/Non-Dependency Matrix and the levels of service provide a way of looking at how social service workers help families reach the treatment and services they need.

Now let's examine in more detail just what we mean by each of the four levels of service.

Level I: The worker provides information. A program

*A suggested reference for developing an effective team effort is: ASSESSING STAFF DEVELOPMENT NEEDS, HUMANICS PRESS, 1973.

hears a problem and gives advice or direction to an individual or family.

Example: You have gone to visit Mrs. Griffith because her son has missed several days of school. She explains that she doesn't have enough money to buy shoes for him. You tell her that the child development center has a clothing bank where she can probably get him some shoes. She seems very interested so you tell her the address and the time that it is open.

You have just provided a service to a client on Level I. Telling her about the clothing bank was a service, an **action** taken by you on behalf of the family of a child in your program.

Level II: The worker assists a person in a referral action. A program hears a problem and makes a formal referral to a source of help.

Example: You have gone to visit Mrs. Matthews and you find out that her daughter has just had a baby. The daughter has moved in with Mrs. Matthews, and the baby seems to be sick. You refer her to the post-natal care clinic at the health department. She seems to be worried about going there for the first time, so you call the health department from her home and tell them to expect her.

You have just provided a service to a client on Level I (telling her about the clinic) and on Level II (making the telephone call).

Level III: The worker provides support services. A program refers a family or individual to a resource and makes sure that the client has had all necessary help in getting to or using a service. This includes any or all of the following support services: assisting in making the appointment, accompanying the client to the appointment, assigning a volunteer to babysit, providing transportation, etc.

Example: You have made a follow-up visit to Mrs. Greene to see if she took her seven year old son to have his eyes checked. You suspect that he has impaired vision. She tells you that she couldn't go to the appointment you had made for her because she couldn't find anyone to stay with the other children. You make another appointment for her and arrange to have a volunteer babysitter to come on the day of the appointment.

You have just provided a service to a client on Level III. You arranged for a babysitter, e.g., a support service.

Level IV: Insuring that service is provided. A program insures that a family receives assistance from the service to which referred by: (a) preparing a case summary for the agency; (b) providing supportive counseling to ease anxiety about the problem or referral; (c) assisting family in the use of the service to which referred.

Example: You have done everything you can think of to get Mrs. Thomas on the food stamp program. You arranged for babysitters, for transportation, you even went one day to take her to the food stamp office yourself, but each time she found an excuse. She really

needs the service and you suspect that she is too proud to go on food stamps. You visit her and counsel with her for several hours about many of her problems, and particularly discuss her feelings about the food stamp program. At the end of the visit she seems much relieved, admists to you that she was making up excuses not to go, and says that she will go the following day.

By counseling with her and allaying her fears about the food stamp program, you insured that service would be provided. Generally, Level IV is used only if the person with the problem continues to state a need for help, and actions taken in Levels I, II and III do not result in the desired outcome.

Here is an exercise to help you understand the levels of service concept and apply it to your work. The next few pages contain descriptions of situations similar to those faced by social service workers in child development programs. Following each situation are two or three ways a social service worker might respond to the problem presented. Read these situations and see if you can identify the levels of service in each response using the space provided. In the space marked "what was done," simply write in the words that describe the level of service you identify in each response. You may want to review the four levels again on page 12. We have filled in the answers to the first situation as an example for you to follow.

*** * Situation 1: The Wiggins Family* * * * * * * * * * * * ***

When Mrs. Wiggins and her four children moved into a new place, the social service worker went to visit. The apartment was clean but had few furnishings. The children were standing around the sinkboard to eat; their clean clothes were stacked on newspapers against the wall; the quilts and

blankets folded in the corner served as beds for the children at night. Mrs. Wiggins was concerned that she had no money to buy furniture.

Responses

a. The social service worker called Mrs. Wiggins' welfare worker and asked that the welfare department help get some furniture. The case worker agreed to put an order in to the warehouse for beds, a table, and chairs.

Level of service provided: **2**

What was done: **assisted in referral**

b. The social service worker took Mrs. Wiggins down to the Salvation Army store and together they purchased a table and chairs.

Level of service provided: **4**

What was done: **insured service**

c. The social service worker told Mrs. Wiggins that the welfare department usually had money available to purchase needed items for the home. Mrs. Wiggins agreed to call her worker.

Level of service provided: **1**

What was done: **gave information**

****Situation 2: The Greene Family**************

Mrs. Greene is the mother of five children ages 4 to 14 years. The youngest is in the child development program. The day the social service worker visited the gas and electricity had just been turned off because of overdue bills and there was very little food in the house. Mrs. Greene and her husband had separated four months earlier. He comes by the house about once a week and gives her $10.00. The welfare department said she was ineligible for assistance because of her husband's salary (he makes $700 a month) and that her only recourse was to press charges.

Responses

a. The worker spent a long time explaining to Mrs. Greene about her rights to emergency aid from the Welfare Department and finally convinced her to go to the welfare office that very day to demand assistance.

Level of service provided: _____

What was done: _____

b. The worker called the gas and electricity companies and arranged to have the power and gas turned on again.

Level of service provided: _____

What was done: _____

c. The worker went out and bought some food for the family.

Level of service provided: _____

What was done: _____

d. The worker told Mrs. Greene that the program would arrange for a babysitter so she could go to the welfare office.

Level of service provided: ____

What was done: _____

*** * Situation 3: The Marcus Family * * * * * * * * * * * * ***

Mrs. Marcus has four children in school. When the social service worker visited her the six year old, Susan, was home. Mrs. Marcus said she was worried about Susan because she went to the bathroom every 15 to 20 minutes and had a lot of trouble passing her water. Mrs. Marcus seemed very depressed. She said that she did not have a family doctor. She also said that the gas man had come that morning to shut off the gas because the bill hadn't been paid.

Responses

a. The worker suggested that Mrs. Marcus take Susan to the comprehensive health program and gave her the address. She also suggested that Mrs. Marcus call her welfare worker about the gas being shut off.

Level of service provided: ____

What was done: _____

b. The worker helped Mrs. Marcus dress Susan and they both went to the Health Clinic with her.

Level of service provided: ____

What was done: _____

c. The worker arranged for a doctor's appointment for the child at the health clinic.

Level of service provided: ____

What was done: _____

*** * Situation 4: The Lyons Family * * * * * * * * * * * * ***

A speech therapist at the center called the social service worker to say that Timmy Lyons had a serious speech impediment; she said that he needed regular professional therapy. The worker took Timmy home that afternoon to tell Mrs. Lyons what the therapist had said. The worker had called the speech and hearing department of the local university to arrange for a two-hour weekly appointment for Timmy. Mrs. Lyons seemed willing enough to have him go but said she had no way to take him there and no one to leave her other kids with even if she could take him.

Responses

a. The social service worker agreed to take Timmy to his weekly appointments for the first month until another solution could be worked out.

Level of service provided: ____

What was done: _____

b. The worker suggested that Mrs. Lyons call the speech and hearing department to explain the transportation problem and see if they could help. The worker explained that sometimes the university provides transportation.

Level of service provided: ____

What was done: _____

c. The worker called some of the volunteers in the center and found someone who agreed to take Timmy to his appointment every week.

Level of service provided:____

What was done: _____

*** * Situation 5: The Ames Family * * * * * * * * * * * * ***

The teacher called the social service worker to report that Billy Ames had been absent for three days and that, in general, his attendance in the last six weeks had been poor. The worker went to the Ames house and found Mrs. Ames at homes with her six young children. Billy was playing beside the house. The worker explained that she was concerned about Billy missing school. Mrs. Ames began to cry saying, "I don't know what to do, I don't know what to do." Finally she explained that her husband had not come home from

work last Friday. The neighbors told her they'd seen him downtown. Here it was Thursday, and they were out of food. Even if he did come home she knew his paycheck was already spent. She said she was just too depressed and worried to send any of the children to school.

Response

a. The social service worker called the welfare department to request emergency help for Mrs. Ames.

Level of service provided:____

What was done: _____

b. The social service worker suggested that Mrs. Ames go down to the courthouse to swear out a non-support warrant against her husband so she could qualify for welfare.

Level of service provided:____

What was done: _____

c. The worker arranged for a volunteer to come from the center and take Mrs. Ames and her children to the settlement house for a hot meal.

Level of service provided: ____

What was done: _____

Here are our answers to the exercise. Check them against your own. Our main concern is that you understand the rationale used to assign a level of service to the actions taken in the responses described on the preceding pages. For this reason we have explained the answer we chose. Don't be too concerned if your answers differ from ours. The important thing is to be able to choose a level of service that enhances the movement of families toward help.

★ ★ Situation 1: The Wiggins Family ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★

Response a:

Level of service provided: 2

What was done: assisted in referral

In this response the social service worker assisted in the referral by making the call to the welfare department for Mrs. Wiggins. This is a level 2 action.

Response b:

Level of service provided: 4

What was done: insured service

In this response the social service worker actually solved the immediate problem by providing the needed furniture. She insured that Mrs. Wiggins received service. This is a level 4 action.

Response c:

Level of service provided: 1

What was done: gave information

In this response the social service worker told Mrs. Wiggins about a resource of help available to her at the welfare department. Giving information is a level 1 action.

*** * Situation 2: The Greene Family * * * * * * * * * * * * ***

Response a:

Level of service provided: 4

What was done: insured service

In this response the social service worker counseled with Mrs. Greene until she had agreed to go and request the service she needed. Appropriate counseling is one way of insuring that service is provided. This is a level 4 action. As you can see it includes providing information (level 1).

Response b:

Level of service provided: 2

What was done: assisted in referral

In this response the social service worker made the phone call for Mrs. Greene in order to arrange for a needed service. Assisting in this way in a referral is a level 2 action.

Response c:

Level of service provided: 4

What was done: insured service

In this response the social service worker provided a direct service by purchasing the food for the family. Although this was only a temporary solution to the problem, it did insure that needed service was received. This is a level 4 action.

Response d:

Level of service provided: 3

What was done: provided support services

In this response the social service worker provided a support service by arranging for a babysitter. This support service allowed Mrs. Greene to go out and utilize a resource in the community that she needed. This is a level 3 action.

*** * Situation 3: The Marcus Family * * * * * * * * * * * * ***

Response a:

Level of service provided: 1
What was done: provided information

In this response the social service worker gave Mrs. Marcus two kinds of information. She told her about the comprehensive health program and she told her what she could do about the gas being shut off. This is a level 1 action.

Response b:

Level of service provided: 4
What was done: insured service

In this response the social service worker made sure that Mrs. Marcus and her daughter received the help they needed by accompanying them to the source of help — the clinic. Insuring service is a level 4 action.

Response c:

Level of service provided: 2
What was done: assisted in referral

In this response the social service worker went one step beyond giving information by actually making an appointment for Mrs. Marcus at the place of referral. Assisting in a referral in this way is a level 2 action.

*** * Situation 4: The Lyons Family * * * * * * * * * * * * ***

Response a:

Level of service provided: 4
What was done: insured service

In this response the social service worker guaranteed that Timmy would receive the service to which she had referred him by taking him there herself. Insuring service is a level 4 action.

Response b:

Level of service provided: 1
What was done: gave information

In this response the social service worker referred Mrs. Lyons to a possible resource by telling her how she might be able to arrange for Timmy's transportation. Giving information is a level 1 action.

Response c:

Level of service provided: 3
What was done: provided support services

In this response the social service worker arranged for transportation (a support service) through the volunteers at the center. Arranging for this kind of service and thereby enabling Mrs. Lyons to take advantage of a resource in the community is a level 3 action.

*** * Situation 5: The Ames Family* * * * * * * * * * * * * ***

Response a:

Level of service provided: 2

What was done: assisted in referral

In this response the social service worker made a phone call for Mrs. Ames in order to begin the process by which Mrs. Ames could receive help from a community resource. This is one step beyond simply telling Mrs. Ames about the resource. This is a level 2 action.

Response b:

Level of service provided: 1

What was done: gave information

In this response the social service worker told Mrs. Ames about one way she could get the help she needed. Giving information is a level 1 action.

Response c:

Level of service provided: 3

What was done: provided support services

In this response the social service worker helped the Ames Family with their immediate problem by calling on the volunteer service of the center (a support service) to take the family to the settlement house to eat. Arranging for support services is a level 3 action.

We began talking about the four levels of service in connection with the third performance standard. Let's look at the way it is stated again.

There must be a plan established to provide the following services to individual families as needed, namely:

a. Appropriate counseling.

b. Emergency assistance or crisis intervention when necessary.

c. Knowledge about available community services and how to use them.

d. Follow-up to assure delivery of needed assistance.

e. Volunteers identified to help provide services for families (such as babysitting, transportation). These volunteers must be trained and supervised as needed.

f. Advocate and spokesman for Head Start families when necessary.

Placed in the framework of the levels of service, the items in the third performance standard look like this:

Level One:

Knowledge about available community services and how to use them.

Level Two:

Knowledge about available community services and how to use them.

Level Three:

Emergency assistance or crisis intervention when necessary.

Knowledge about available community services and how to use them.

Follow-up to assure delivery of needed assistance.

Volunteers identified to help provide services for families (such as babysitting, transportation).

Advocate and spokesman for Head Start families when necessary.

Level Four:

Appropriate counseling.

Knowledge about available community services and how to use them.

Follow-up to assure delivery of needed assistance.

Volunteers identified to help provide services for families (such as babysitting, transportation).

Advocate and spokesman for Head Start families when necessary.

According to this framework, Child Development Programs clearly provide referral information and **support** to families. In some cases, the Child Development Program is the only agency with which a family has contact. To provide information to families about other available services and to support and help families so they may take advantage of these services is a vital part of your job. It also makes an enormous difference to the families you serve.

Looking at what level of service you are providing at any given time as a social service worker will help you to assess what you are doing for a family. Maybe you never thought that by giving a client some information (for example, telling a client about the clothing bank), you are providing a service, in this case at Level I. Undoubtedly, you have been providing services to clients on all four levels all along but have never thought about it in this context. Being able to identify what level of service you provide at a given time will help you to give yourself credit for what **you** are doing as well as to assess what you have done for a client.

Here is another exercise that will help you understand the levels of service. See if you can recall a situation where you have helped a client, possibly during one or a series of home visits. On the next page is a situation guide. In the first column write a very brief summary (one or two words) of what the client did or said; in the second column write a very brief summary of what you did or said. When you have recorded the whole incident, go back and in the third column try to identify the level of service you were providing each time you said or did something. Your paper might look something like this:

	Things Client Said	Things I Said	Service Level
FIRST VISIT-TELEPHONE	Children have no clothes.	Location of Salvation Army	1
SECOND FOLLOW-UP CALL	Couldn't get to Salvation Army. No babysitter.	Why? I'll arrange that.	3
VISIT	Didn't go to Salvation Army. No transportation.	Why? I'll arrange that.	3

SITUATION GUIDE

SITUATION: DESCRIBE A SITUATION IN WHICH YOU HAD CONTACT WITH A FAMILY:

Things Client Said	Things I Said	Service Level

An important point: Child Development Programs need to be able to differentiate between treatment and service. Services are those things which can be done or arranged for that help families solve immediate problems and concerns. Usually the major focus in providing services is referral. **Treatment** includes things like therapy, extended health care, etc., which must be addressed when the functioning of an individual or family is close to or is impossible. Most Child Development Programs are only equipped to give service and not treatment help. However, they can **arrange** for treatment to occur.

The fourth performance standard is directly related to the discussion of the levels of service particularly with regards to referral actions because it focuses on the utilization of community resources. This involves three things:

1. Knowing what to look for in a community
2. Knowing how to look for it
3. Knowing how to record the information so that it is readily available.

This issue is discussed at length in the last chapter of this book.

Important terms to remember from this chapter:

performance standards

levels of service

service vs. treatment

CHAPTER II
PRESENTATION OF THE CHILD DEVELOPMENT RECORD KEEPING SYSTEM

In this chapter, we examine a record keeping system that has been developed specifically to comply with the requirements of the Performance Standards and at the same time provide help to families and children served by the Child Development Program.

Let's look at some of the things this system does. The system defines problem categories by which families and children needing social services can be identified. Remember, we discussed the need for this in the previous chapter in relation to the first performance standard.

The system provides the content information for designing the appropriate training a staff needs to be able to identify families and children in need of social services. It re-identifies the role of social services in Child Development Programs and guides the workers in the pursuit of the appropriate information. It includes all of the required components of a record keeping system and provides for all required notations. The system facilitates the provision of services required by defining the range of capabilities a program has and by assisting the social service workers in identifying the correct level of service that is performed.

The record keeping system presented clarifies the initial assessment and subsequent identification of problems and action taken. It is capable of producing monthly reports for individual programs, quarterly reports for use on a regional level and annual reports for use on a national level. The assessment system is action focused. It identifies a profile of individual and family problems currently needing attention. It does not capture detailed information, though this also can be placed in the record and used as a basis for arriving at the profile. The aim is **action**. The record is not to provide an historical account which substantiates the diagnosis but to see that decisions are made so that the external service system substantiates or negates the judgement. **The aim is not diagnosis**, but to get people to the help they need.

In other words, this system has the following potentials: at a minimum, it

1. Identifies the problem.
2. Identifies outcomes.

3. Has the capability of detailed analysis and recording including:
   a. Counting referrals.
   b. Identifying unmet needs in the community.
   c. Identifying level of activity connected with meeting problems.
4. This system serves administrative purposes such as permitting a check on worker activity and speed in meeting problems.
5. Should this system be used as a basis for reporting at higher levels — e.g., regional and national — core output data can be put on machine amenable cards in the record. In this way, data is collected only once and the cost of aggregation is greatly reduced.

Now let's look at the actual system. The record keeping system presented here is comprised of four major components. The first of these components, the Family Service Record, is the primary focus of the system and responds directly to the Social Services Performance Standards discussed in Chapter I.

The breakdown of the components is as follows:

1. Family Service Record
   + Child Development Application and Recruitment Form
   + Child Development Enrollment and Registration Form
   + Family Service Card
     + Child & Family Information Sheet
     + Activity Log
     + Referral Log
     + Family Service Plan
   + Child Health Record
2. Child Development Assessment Forms
3. Monthly Parent Involvement Activity Record
4. Social Service Workers Monthly Reporting Form

An explanation of each of these components and examples of the forms described are presented on the following pages.

EXPLANATION OF COMPONENTS OF THE CHILD DEVELOPMENT RECORD KEEPING SYSTEM *

I. Family Service Record

A. Child Development Application and Recruitment Form

Nature: a single page form in triplicate

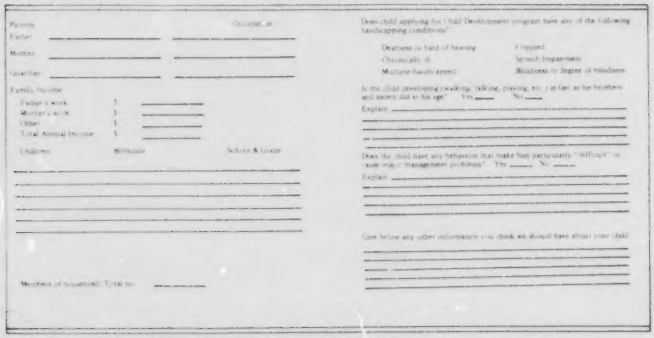
+ Copy 1 goes to policy council for selection process
+ Copy 2 goes to Child Development Center for which application is made
+ Copy 3 goes to central program files

Completion: to be completed by a Child Development staff member and a parent or guardian requesting Child Development for the child in question.

Filing: if child is accepted into the program, this form becomes part of his family service record; if child is not accepted, it is filed with all other unaccepted children for reference at a later date or referral to other day care resources.

Content: only contains information needed by the policy council to make a selection decision.

Child Development Application and Recruitment Form



*All record keeping forms presented in this manual are available through Humanics Associates, 881 Peachtree Street, N.E. Atlanta, Ga. 30309.

B. Child Development Enrollment Registration Form

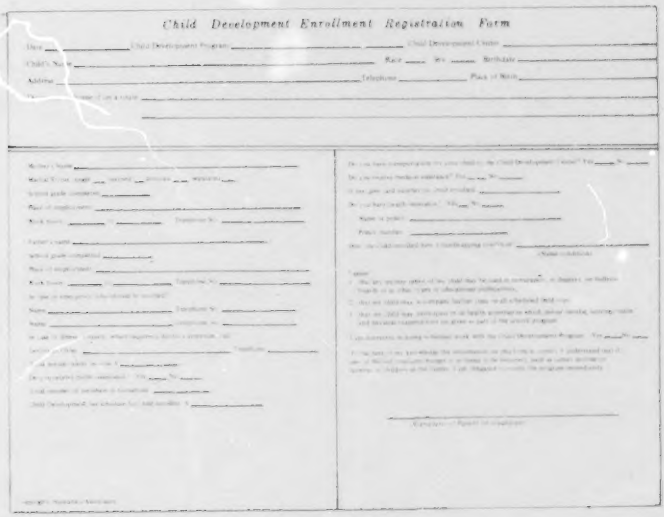
Nature: a single page form in quadruplicate

+ Copy 1 goes in a child's family service record to serve as intake information
+ Copy 2 goes to the teacher of the child
+ Copy 3 goes to the physician, nurse, or dentist when the child is examined and remains with the health record
+ Copy 4 goes to the central office files

Completion: to be completed by a Child Development staff member and a parent or guardian of the child at the time of enrollment.

Filing: to be filed with the Family Service Record (see 1.A. on page 32).

Content: includes general information regarding child, parents, income, emergency instructions, parental permission, health insurance, etc.



Child Development Enrollment Registration Form

C. Family Service Card

Nature: a folded card form, with provisions for adding extra sheets as needed, file-size, in four parts:

+ Part I, Child and Family Information Sheet
+ Part II, Activity Log
+ Part III, Referral Log
+ Part IV, Family Service Plan

Completion: to be completed primarily by a social service worker; other staff members are encouraged to make entries when appropriate; to be completed on a day by day, week by week basis as activities occur. Part I should be completed on the day of enrollment and can be done by the person who completes the enrollment form. Parts II and III should be used as contacts are made with the family; they should not be filled out in the presence of the family; Part II is particularly important during the initial family assessment period. Part IV should be completed after the assessment has been done and should be a joint effort between the worker helping that particular family and the worker's supervisor and other appropriate staff personnel.

Filing: to be filed alphabetically with appropriate copies of the application and enrollment forms.

Content: the content is primarily focused on social service needs; entries are brief and to the point; the emphasis is on problem identification and ACTION PLANS.

+ Part I is the Child and Family Information Sheet which lists the names and relationships of all members of the service unit. Code numbers are provided for use throughout the record on an optional basis.

I. Child and Family Information Sheet

Child's Name _____ Age _____

Address _____ Telephone No. _____

Child Development Center _____ Teacher/Classroom _____

Social Service Worker's Name _____

SERVICE UNIT GROUP

	CODE	PERSON'S NAME	RELATIONSHIP TO ENROLLED CHILD
Immediate Family			
	200		Head Start Child
	201		Mother
	202		Father
	203		Step Mother
	204		Step Father
	205		Maternal Grandparent
	206		Paternal Grandparent
	207		Guardian
	208		Brother
	209		
	210		
	211		
	212		
	213		
	214		Sister
	215		
	216		
	217		
	218		
	219		
Others in Household			(Indicate Relationship)
	220		
	221		
	222		
	223		
	224		
Significant Others		(Persons outside the home of importance to the child)	(Indicate Relationship)
	225		
	226		
	227		
	228		
	229		
Service Unit as a whole	230		Service Unit as a whole

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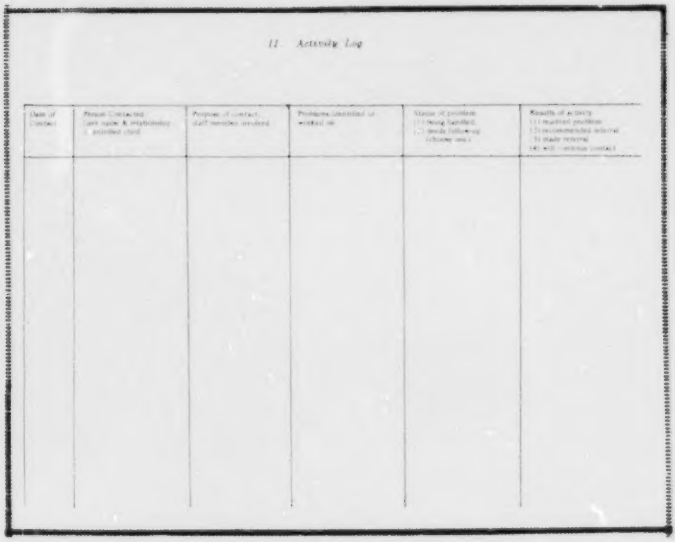
Family Service Card

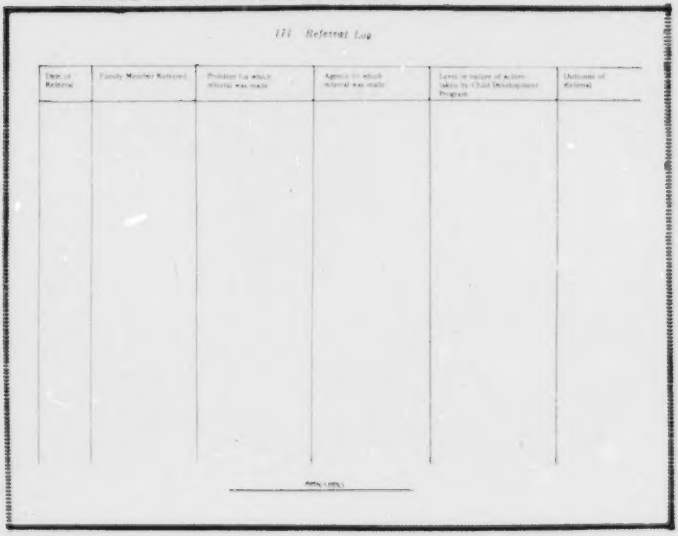
+ Part II is the Activity Log for recording all actions taken on behalf of a child and his family.



II Activity Log

Date of Contact	Person Contacted (Last name & relationship to enrolled child)	Purpose of contact, staff member involved	Problems identified or worked on	Status of problem (1) being handled, (2) needs follow-up (choose one)	Results of activity (1) resolved problem, (2) recommended referral, (3) made referral, (4) will continue contact

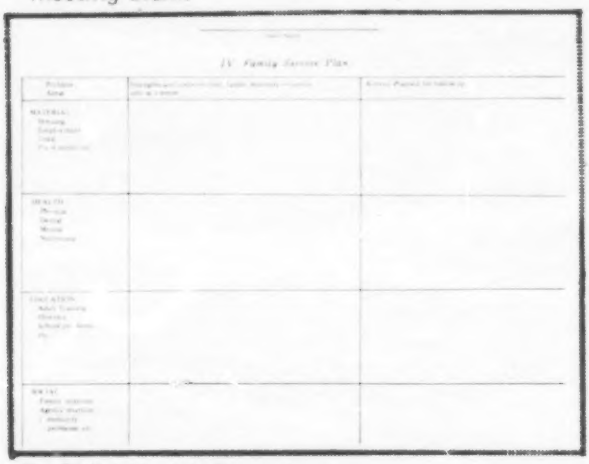
+ Part III is the referral log for recording all referrals made and referral outcomes.



III Referral Log

Date of Referral	Family Member Referred	Problem for which referral was made	Agency to which referral was made	Level or nature of action taken by Child Development Program	Outcome of Referral

+ Part IV is the Family Service Plan for recording the major problems identified and follow-up plans for meeting them.



D. Child Health Record

Nature: a five-page form, single copy, used by OHD-CD.

Completion: to be completed by the Child Development nurse, teacher, physician, or dentist as appropriate at the time of the child's medical and dental examination

Filing: when completed to be filed with the Family Service Record.

Content: general child and family information (much of which can be taken from the enrollment registration form), physical and dental examination information, medical history, etc.

II. Child Development Assessment Form

Nature: a single-copy, three-page form for children from age three to age four; a single-copy, five-page form for children from age four to age six.

Completion: the appropriate form to be completed by the child's teacher and/or teacher aide on a quarterly basis depending on the policies of the area.

Filing: to be filed separately from the Family Service Record for convenient use and reference by the teacher and teacher aides.

Content: each of the forms assesses a child based on the average development of a child of that age; the forms are divided into four sections:

+ Section I: Cognitive
+ Section II: Social and Emotional
+ Section III: Motor Skills
+ Section IV: Hygiene and Self-Help

Child Development Assessment Form

(from age three to age four)

Child's Name _____ Teacher _____

Age _____ Date of Birth _____ Teacher Aide _____

Child Development Class _____ Child Development Center _____

		Date: ____ Yes	No	Date: ____ Yes	No	Date: ____ Yes	No	Date: ____ Yes	No
SECTION I: Cognitive									
1. Comprehension	Extends "matching" concept to size, as "big or little." Comparisons may be easy, but should be verbalized.								
2. Counts three	Extends concept of counting to three. Understands principle of counting beyond two. May miscount beyond this.								
3. Orientation	Acts on: weight of self, other people, chairs. Mother/caregiver, friends and characters are known. Acts out role playing.								
4. Uses Plurals									
5. Conserves	In short sentences, answers questions, gives information, thoughts uses language to convey simple ideas.								
6. Sings	Sings short snatches of songs.								
7. Knows name	Gives first and last name.								
8. Names pictures and tells action	Names pictures and can respond with the correct (e.g., "Baby is sleeping," or can identify the usage of things in the pictures. "Show me the one you wear.")								

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III. Social Service Workers' Monthly Reporting Form

Nature: a single form in triplicate

+ Copy 1 goes to the coordinator of social services or director of the center.
+ Copy 2 goes to the central office.
+ Copy 3 is retained by the worker who completes the form.

Completion: a new form to be completed by each worker at the end of every month.

Filing: to be filed separately from the Family Service Record in both the center and the central office.

Content: a summary sheet recording all referrals made by a worker in a given month.

Social Service Workers Monthly Reporting Form

Name of Worker _____ Child Development Center _____ Date _____

Date	Family Name	Referral Problem	Agency of Referral	Level of Service by D.S.	Outcome of Referral

Signature of Worker's Supervisor

IV. Monthly Parent Involvement Activity Record

Nature: a single page form in duplicate

+ Copy 1 is filed at the center where completed.
+ Copy 2 goes to the central program office for review and filing.

Completion: to be completed by a staff member designated at each center to coordinate volunteer activities; it is this person's responsibility to compile the

requested data from each of the components of the program.

Filing: to be filed separately from the Family Service Record in both the center and the central office..

Content: a summary sheet to record all parent involvement, including attendance at meetings on a monthly basis.

Monthly Parent Involvement Activity Record

Date _____ Child Development Program _____ Child Development Center _____

Name of Parent	Date Worked	Child's Name	Kind of Activity	No. of Hours	Parent Meetings Attended

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Important terms to remember from this chapter:

family service record

child development assessment form

monthly parent involvement activity log

social service workers monthly reporting form

CHAPTER III

ASSESSING AND PLANNING FOR THE NEEDS OF FAMILIES

In order to put the record keeping system presented in the previous chapter into effect and to guarantee that in its use it will be **action** oriented rather than simply serving as a file, you will need to know how to do three things:

+ First, how to formulate assessment questions to acquire the information that is called for.

+ Second, how to identify needs, problems and strengths of enrolled children and their families.

+ Third, how to transfer the assessment information to the Family Service Record.

As you proceed through this section of the manual, there are several points to be considered:

+ The authors recognize the skills and knowledge of social service workers with regard to the population they serve.
+ We do not presume to provide you with lists of questions to ask but rather with a **framework** for problem

finding.

+ This section is designed to help you in deciding upon the direction of questioning in a specific problem area and it is open for individual adaptation.
+ This section provides some examples of needs and problem areas families often have; you are encouraged to make additions.

The record keeping system is based on a two-step process. The **first** step is the assessment of child and family needs. An assessment in this case is an evaluation or analysis of the social service needs of a particular family. The **second** step is then to develop a plan to meet those needs.

In other words, the record keeping system provides the details that a Child Development Program needs in order to be a valuable support to the families served by the program. The system takes the problems identified in the initial assessment (step I) and provides a format for the actions to be taken (step II). It assists in keeping a running record and is **action** focused. The aim is not to determine **why** people have problems, but to help them get to the resources they need.

HOW TO FORMULATE QUESTIONS

In order to do a complete assessment of the needs of children enrolled in a Child Development Program and their families, you should draw on all possible sources of information. Some of these sources are:

1) physician
2) dentist
3) the child's teacher and teacher aides
4) welfare case worker
5) agencies that currently serve the family
6) the family itself.

Possibly you can name others that relate to your particular program.

Notice that the family is last on the list. Much of the information needed by a Child Development Program wanting to provide services to families has already been given by the family to one of the persons named above. Sometimes it is best to go to these sources first. For example, during an assessment interview with a family on welfare, the Social Service Worker should check to see if the familiy is a Service Case.* If it is not a Service Case, the Social Service Worker should complete the interview. If the family is a Service Case, the Social Service Worker should consider meeting with the Service Case Worker to get some of the assessment information.

In all cases consideration for the feelings of the family involved should be your primary concern. A very important part of the role of a social service worker is sensitivity to clients. You should be able to tell from the response, verbal or non-verbal, whether or not a family is offended by your questions or your approach. Some families will offer information very freely, others will not and it will be necessary to go to other sources to complete an assessment.

The assessment is considered complete when you have collected all of the data you feel is available within the spe-

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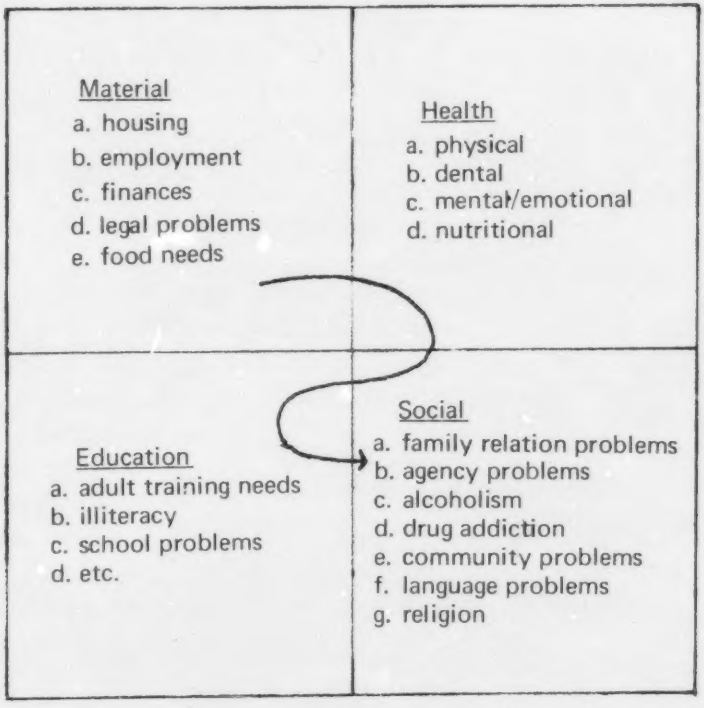
*Welfare has two classifications for families receiving assistance. A family designated as a Payment Case receives only a monthly check and routine visits. A Service Case family receives counseling and referral assistance in addition to the monthly check.

cified problem areas and you are ready to use the Social Service Plan (section IV) of the Family Service Record.

In order to do an assessment, it is necessary to define problem areas. Remember the Problem Category Matrix from Chapter I?

MATERIAL	HEALTH
EDUCATION	SOCIAL

These four categories are the same that are represented on the Social Service Plan, Part IV of the Family Service Record. We have broken down these categories into some of the problem areas that might be found in each. In some cases we have given examples or explanations to further define the areas. This list is intended to serve only as a starting place for Social Service Workers in determining questions to ask in a problem assessment.



The primary source for identifying problems in health is the doctor and dentist of the enrolled child. The areas to pursue with the doctor and dentist should be to ask what problems the social services component should address.

Initially a child's absence should be considered a social problem that is handled within the program. If this cannot be resolved within a few days, the problem may be severe enough for referral (e.g., fear of school, inadequate clothing, etc.)

In the emotional area mere presence of symptoms, especially in children, is not enough to warrant referral. Many children display a wide range of fears, nightmares and anxiety about separation from parents. A single report of a behavioral problem is seldom an indication for referral. What must be checked in the interview is whether or not the behavior occurs **often** and is **severe** enough that there is serious interference with the child's ability to function and whether or not the behavior is **appropriate** to the situation in which it occurs. The focus is on **behavior.**

It is your job to ask questions in each of these areas in order to determine a family's needs. The actual questions you ask will depend on the kind of person you are talking with at the time. As a social service worker you should be sensitive to cultural differences between people and you should be able to tell when a particular kind of question is offending a client. There are certain questions in each of these categories you will not be able to ask the first few times you meet with a family. Some families are very open in talking about their personal lives if they sense you are going to help them; others are very resistant, suspicious, or proud and it will take a much longer time before they trust you.

Rather than write out the actual questions you would ask, sit down with your co-workers and develop a list of topic areas or potential problem areas around which you can ask questions. For example, a group of social service workers in a child development program did that with the first problem category, Material. Here are the question topics they came up with when considering the sub-topic **employment:**

job training needed or desired
voluntarily or involuntarily unemployed
previous employment

favorable or unfavorable employment record
availability of jobs
job area interest
transportation

You can probably think of other things to add to this list. If you make a list like this under each of the suggested categories you will have a very comprehensive base from which to ask questions.

HOW TO IDENTIFY PROBLEMS

We've been talking about what you need to know in order to formulate questions. Once you've asked the question, what do you do with the answer? How do you recognize a problem, how do you pick out the problems from everything your client says? A problem is defined as that which requires social service intervention counseling or referral. When family assessment interviews are made, the focus should be on **problem identification.** Some things to remember about identifying problems are:

1. A problem is identified when the family decides that something is going on which does or may interfere with individual or family functioning.
2. One indication that you have identified a valid problem is when a service agency accepts your referral and agrees to provide help.
3. Your ultimate concern should not be to back up a decision you have made but rather to see that the service system in the community either agrees or disagrees with the decision (e.g., if on the basis of your observation and what you are told, you determine that an individual has a hearing problem, you refer the individual to a doctor, and the doctor finds there is no hearing loss at all, the important factor is that the individual was able to resolve what appeared to be a problem).
4. Initially you should expect to make mistakes in identifying problems or making referrals. You will become more skilled with experience.
5. In recording problems in the Family Service Record, try to avoid labels. For example, write "throws stones," not "child is aggressive." In other words, use descriptions of

what the problem actually is, identifying it in one or two words. **Remember, labels are the opinions of the person using them, not necessarily an accurate diagnosis of the situation.**

6. For each problem, indicate whose problem it is. For example, hearing loss is a problem for each person who has it, but a leaky roof is a problem for the family as a whole. The code numbers provided on the Child and Family Information Sheet (Part I) become very useful in identifying a person or persons with a problem.

HOW TO TRANSFER THE ASSESSMENT INFORMATION TO THE FAMILY SERVICE RECORD

OK, now you know how to formulate questions and you know how to identify the problems. The last step is to know what to do with the information that you have.

Once problems have been identified, your concern should be with recording the information and making referrals. One important point should be remembered. Look back at the Activity Log and the Referral Log of the Family Service Record. The information from an assessment should not be formally recorded but should be used as a basis for filling out the Activity Log. The Activity Log and the Referral Log should reflect the **outcome** of the assessment and not all the details that went into it. **The Activity Log and the Referral Log should be filled in only at the completion of the assessment period — not during any of the interviews.**

Since each Social Service Worker is responsible for a large number of families, you should attempt to transfer the coordination of a family case to an appropriate service agency whenever possible. For families that are not on welfare or are not eligible for welfare, this can be done by identifying one service agency which will agree to become the service coordinator for that family. For families on welfare, there are two possiblities:

1. If the family is a Service Case, future work with that family should show some evidence of cooperative involvement of the welfare case worker who is coordinating the main service plan for the family.
2. If the family is only a Payment Case and not a Service

Case and if the problems you identify cannot be handled relatively easily (by providing information or by making a simple referral), you should advise the family to request service case status from the welfare department.

Some problems may be identified which cannot be referred to other agencies because there are no agencies which provide the needed service. When this happens you may want to call for an inter-agency case conference for the family. **An inter-agency case conference is a meeting of representatives of various service agencies to review the problems of particular families and to begin planning ways to meet stated needs.** One of the outcomes of such a conference might be a decision to assist the community in developing new services that are needed.

In making a referral you should be aware of the **level of service** being provided to a child or family at that time. As an indication of the degree of your involvement in making a referral, one of the four levels of service should be entered in the appropriate column in the referral log. The levels of service were discussed in Chapter I. Let's review them again now that you understand better how they fit into the system.

Level I: Worker provides information

Level II: Worker assists person in referral action (e.g., contacts referral agency, makes appointment for client, etc.)

Level III: Worker provides support services (e.g., assigns volunteer to babysit, goes with person to referral appointment, etc.)

Level IV: Worker insures that family receives assistance from service to which referred by one or all of the following actions:

a. prepares case summary for agency
b. provides supportive counseling to ease anxiety about problem or referral
c. assists family in use of service to which referred.

In indicating the outcome of a referral on the referral log, the Social Service Worker should be concerned with what the actual result was of the referral action taken by that worker. There are many possible outcomes of any referral:

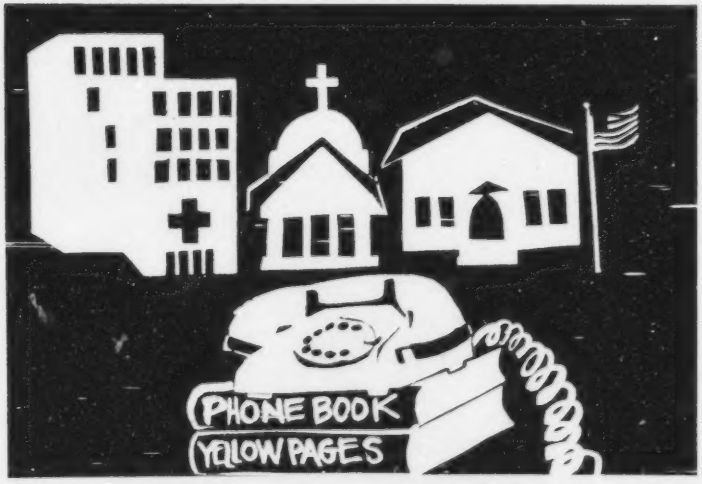
1— Agency provided service

2— Agency refused service
3— Person did not follow through
4— Person denied existence of problem
5— Person did not want service
6— Social Service Worker did not follow through
7— Service given within Child Development Program
8— Cooperative case with other agency coordinating
9— Referral agency giving service
10— Referral inappropriate, service denied

Again, this is a part of keeping the record action oriented and keeping a running record of what your program is doing to serve the needs of participating families.

SOME REMINDERS TO SOCIAL SERVICE WORKERS

+ The goal of social services in Child Development is to create movement of families toward the help they need. **Rely on the feelings of those affected by the problem** (e.g., if the mother says it's a problem, it should be pursued).
+ Sharpen your skills at identifying behaviors and describing them in a few clear words.
+ Give yourself credit for being able to gather information regardless of your experience. The system encourages your use of good common sense.



Important terms to remember from this chapter:

formulating questions

identifying problems

recording assessment information

CHAPTER IV
DEVELOPING A COMMUNITY RESOURCE FILE

The relationship between your Child Development Program and the service resources in your community is very important to the success you have with your efforts in helping children and families. The kind of cooperation that is needed is stressed very strongly in the fourth performance standard discussed in the first chapter.

As you work in your community, you will continually be gathering information that will be valuable for the families you serve.

The most useful way to make this information readily available to families and to other staff members is by organizing it into a file or manual. In this chapter we will be looking at three aspects of developing a file of community resources for use in a child development center.

First, what should you look for?

Second, how and where can you find it?

Third, what is the best way to record and utilize the information?

Before getting into some specific answers to those three questions, let's look at what is meant by community resources. A resource provides someone with a way of meeting a want or need. Persons or agencies that are supposed to help families with particular problems can only do so if they are aware that a problem exists. Sometimes resource people and agencies have to be influenced to make services available and encouraged to increase the services they have to offer. In other words, you may recognize some things an agency can do to be helpful to your client that they aren't doing at the moment. By meeting with this agency you may be able to convince them to provide the needed service. A resource can be anything or anybody which meets a need. Too often we turn only to agencies or persons who declare themselves as community resources in specific areas. Businesses, private individuals, clubs, even large institutions can also be very valuable resources.

What should you look for? What kinds of resources exist in a community?

There are two kinds of resources. The first is formal resources, the agencies that declare themselves to be resources, that advertise or make known the help they offer and are

fairly evident to the seeker. Here is a list of some formal resources that probably exist in your community:

Federal Government:
- Agencies: ACTION, HEW, HUD, Department of Labor, etc.
- Programs: Head Start, VISTA, Foster Grandparents, WIN, Food Stamps, etc.

State and Local Government:
- Agencies: Welfare, Employment, Manpower, Youth Opportunity, etc.
- Programs: Drug Programs, Adult Training, etc.
- Institutions: Schools, Hospitals, Clinics

The other kind of resources is what can be referred to as informal resources. These are people or groups or organizations that don't exist solely as a helping service but have some other overall goal. Some informal resources do have a service component such as: Salvation Army, Lions Club, Rotary, Rotary Anns, Civitan Club, Eastern Star, Masons, Shriners, Girl Scouts, Boy Scouts, High School and College service clubs. Others are more oblique in terms of their potential as resources. These are: business associates; medical, dental and nursing associations; business and professional women's clubs, pep clubs, labor unions, garden clubs, PTA, home demonstration clubs, senior citizens clubs, U.S. military facilities and organizations, small businesses, large businesses, and factories. The organizations in this list can be considered as resources even though they do not present themselves as groups that are interested in helping your program. These are the kinds of groups we mentioned before that you may have to convince to become a resource. Being a resource may be as simple as making space available for a meeting or providing free materials or may be as involved as providing counseling or some form of on-going service.

Certainly you can expand the above list to include similar resources that are found in your community. Some resources you and others in your agency already know about; but there are ways of building up your list. How can you find out what resources exist in your community?

There are several processes you can follow in order to analyze your community and find out what resources exist there.

1. There may be a community resource directory that is prepared by the Chamber of Commerce, the United Fund, or the Community Council in your community. A directory of this sort usually includes: name of the services provided; fees; eligibility. The information is not geared toward Child Development Programs specifically. It is usually of a general nature and often omits informal resources as discussed in this chapter and organizational resources such as welfare rights organizations, tenants organizations, church organizations and the like.

2. Sometimes a division of your state government, usually called the State Department of Social Services, has a state-wide resource directory. This is likely to be much less complete than the community resource directory, but it is a good place to start. Although it is always to a family's advantage to use a resource close to home, often it is necessary to call on resources in other parts of the county or state. The state directory will provide you with a list of those resources.
3. The yellow pages of your phone directory is a source of information oftentimes ignored. Naturally the phone book will give you only the name, address, and phone number of the agency or organization. However, organizations will usually send you a brochure if you request it.
4. Begin taking close notice of announcements on radio and TV and of articles in local and state newspapers. Sometimes information about existing resources or newly created services is disclosed through the news media.
5. Check with the local library. They may have a list of resources or a file of brochures.

Once you have a lead on a resource you need to find out more about it in order to determine whether or not it should be part of your resource directory. There are several things you should consider as you go about this.

+ Be sure you have read all the written material that is available to you about a particular resource. This in-

cludes brochures, library files and other directories.

+ When you have become fairly familiar with the functions of an agency or organization, make an appointment with someone there. During this interview, be sure you know what you want to ask. Explain the goals and objectives of your program. In some communities, agencies and organizations are very skeptical about child development programs, particularly if the program serves low-income people. It helps to explain your program and erase any misconceptions or resistance the group you are talking to might have about your program. This is a good opportunity to initiate cooperation between another resource and your program. When appropriate, share the knowledge you have about community resources with the various groups to whom you talk.
+ If you find that local agencies are unresponsive to your inquiries for information, you may have to go to the state, regional or national level for further information.

REMEMBER:

+ Some clubs and organizations have yearly projects or specific times of the year set aside for service projects (Christmas, Easter, etc.).
+ The purpose or goal of a group is not always what it seems to be or what is published in a brochure. Find out what their real goal is, because that is the reality and that is what will constitute a resource for your group.
+ Try to identify a specific person within an agency or organization who is sympathetic to the goals of your program and who can be helpful to the families you serve. Keep in touch with this contact person to insure cooperation between your programs.
+ Try to keep up on the current state of an organization or agency. Sometimes there are changes in emphasis due to funding or personnel turnovers.

We've been talking about what to look for and where to find it. The question that remains is what to do with the information once you get it.

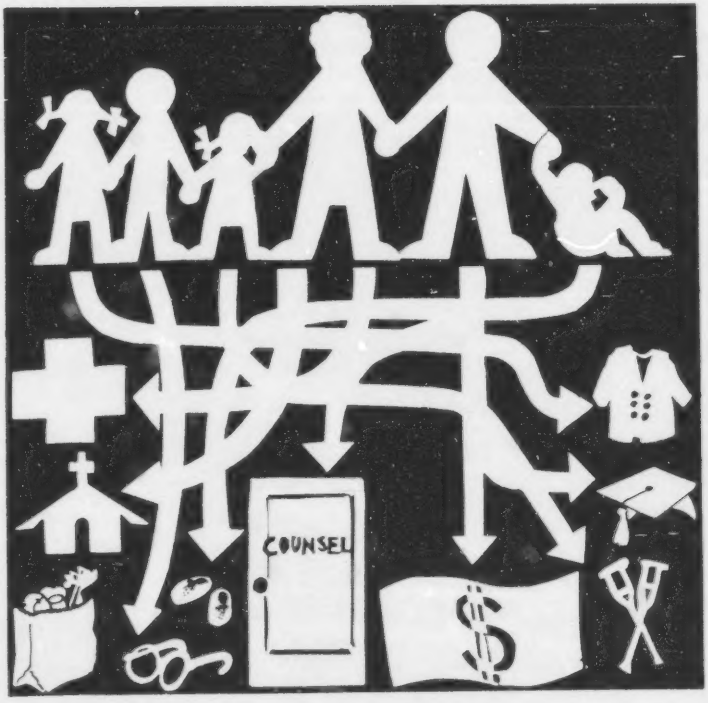
What is the best way to **record** and **utilize** the resource information? A community resource directory can be in various formats. For example, it can be in printed booklet form, in stapled xerox form, in a card file, or in a looseleaf notebook. Each of these formats has its advantages and disadvantages. If your program intends to make copies of the directory available to staff and parents, the looseleaf notebook form will probably be most effective. One of the biggest advantages is that it can easily be added to as new resources are discovered.

A recommended way to organize a looseleaf notebook style directory is to have one page for each resource (agency, person, organization, business, etc.) and to file these pages alphabetically by resource name or by service category. Whichever system is chosen , there should be an index to permit cross-referencing. For example, if the directory is alphabetical by service category and the user wants to look up the Wayne County Health Department, there should be an index of agency names which shows that the Wayne County Health Department is on page 23, as well as an index which indicates that health resources are found on pages 20 to 29. It makes no sense to spend time developing a community resource file unless it is put together in a way that is easy for staff and parents to use. The format of each page should be uniform throughout the notebook. Given on the next page is a sample of what that format might look like.

EXAMPLE OF A COMMUNITY RESOURCE FILE ENTRY

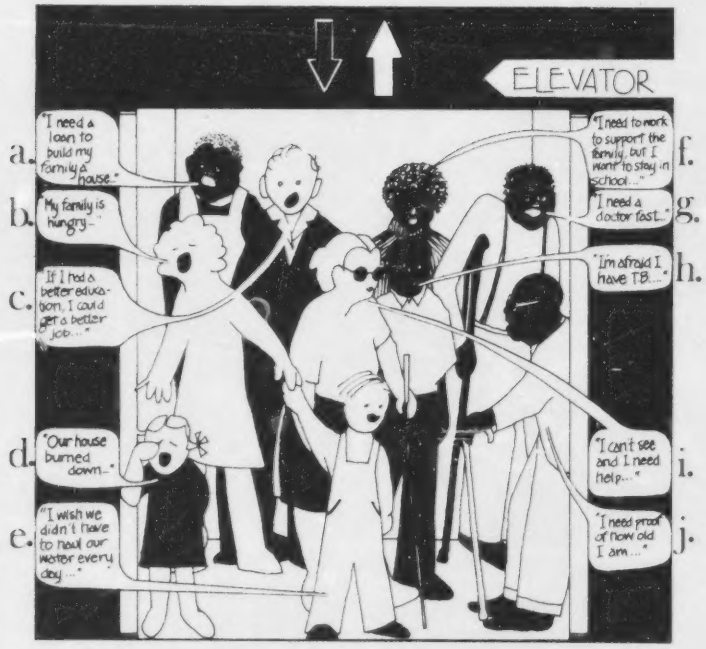
Basic Service:	Health
Name:	Wayne County Health Access Station
Address:	Hillsboro, Alabama
Phone:	374-2610
Director:	Dr. James Pike
Days and Hours:	Mon-Fri, 9:30 a.m.—6:00 p.m. Thurs Evenings, 7:00 p.m.—9:00 p.m.
Contact Person(s):	Aileen Day, RN Nurse Practitioner
Services Provided:	General Health care, physical exams, nutritional counseling, screening, innoculations, basic lab work
Fee:	No fee for any recipient
Eligibility Standard:	All residents of Wayne County eligible for services on an appointment and walk-in basis
Notes:	Ms. Day is very qualified to make diagnosis and holds standing orders to prescribe medication for general health problems under supervision of Dr. Pike; she has back-up support of many physicians in Johnstown; her clinic is funded by the state medical program as a pilot project. The clinic is staffed by two nurse practitioners, a nurse's aid, and a laboratory technician. The nurses make home visits as needed.

Once you have a community resource file, you will need to polish your skills in using it. Knowing all the resources that exist in your community is only helpful if you are able to match the problems families have with the sources of help available to them. In order to do this you will need to become very familiar with the kind of help each service agency offers. In time and with experience you will be able to make referrals quite naturally. On the next page is an exercise developed by a head start center to help its staff assess their referral skills and knowledge. If you want to assess your skills, do this exercise.



The following exercise is based upon an idea that was developed by the Social Service Coordinator of the Lowndes County Head Start Program, Haynesville, Alabama. This is a quick and easy way for you to asses your knowledge of resources and your ability to make referrals.

Study the figures in the picture below. On the opposite page is the floor selection panel of the elevator. In the answer spaces provided match the letters representing each person's problem with the floor number of the service agency you think will help them best.


ELEVATOR
a. "I need a loan to build my family a house."
b. "My family is hungry."
c. "If I had a better education, I could get a better job..."
d. "Our house burned down."
e. "I wish we didn't have to haul our water every day..."
f. "I need to work to support the family, but I want to stay in school..."
g. "I need a doctor fast."
h. "I'm afraid I have TB..."
i. "I can't see and I need help..."
j. "I need proof of how old I am..."

Record your answers here:

a._____

b._____

c._____

d._____

e._____

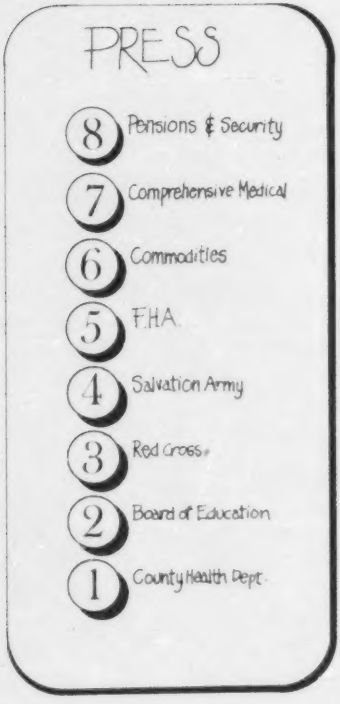
f._____

g._____

h._____

i._____

j._____



The correct answers to the exercise on the preceeding page are:

a. -5-
b. -6-
c. -2-
d. -4-
e. -1-
f. -2-
g. -7-
h. -1-
i. -7-
j. This man is on the wrong elevator.*

*If this gentleman had a community resource file to refer to he would know that he should go to the county court house for help. Time is wasted and people grow discouraged when they have to go from agency to agency before they receive the help they need.

Important terms to remember from this chapter:

formal resources

informal resources

cross-referencing